

**State of New Jersey
Child and Family Services Plan Review
Program Improvement Plan**

Revised Submission September 23, 2004

Identifying information and Review Dates				
ACF Region:		II		
Date of On-site Review		March 22-26, 2004		
Period Under Review		October 1, 2002 through March 22, 2004		
Date Final Report Issued		May 21, 2004		
Date Program Improvement Plan Due		August 19, 2004		
Date Program Improvement Plan approved				
Highlights of Findings				
A. The State met the National Standards for one of the six standards				
B. The State achieved substantial conformity for none of the seven outcomes				
C. The State achieved substantial conformity for one of the seven systemic factors				
State’s Conformance with the National Standards – updated to 2003 Data Profile				
Data Indicator	National Standard (Percentage)	State’s Percentage	Meets Standard	Does Not Meet Standard
Recurrence of Maltreatment	6.1%	5.6%	X	
Incidence of Child Abuse and/or Neglect in Foster Care	.57%	0.70%		X
Foster Care Reentries	8.6%	8.0%	X	
Stability of Foster Care Placement	86.7%	83.1%		X
Length of time to achieve permanency goal of reunification	76.2%	59.4%		X
Length of time to achieve permanency goal of adoption	32%	22.4%		X
State’s Conformance on the Outcomes				
Outcome		Achieved Substantial Conformity	Did Not Achieve Substantial Conformity	
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.			X	
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.			X	
Permanency Outcome 1: Children have stability in their living situations.			X	
Permanency Outcome 2: The continuity of family			X	

relationships and connections is preserved for children.		
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.		X
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.		X
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.		X
State's Conformance on Systemic Factors		
Systemic Factor	Achieved Substantial Conformity	Did Not Achieve Substantial Conformity
Statewide Information System	X	
Case Review System		X
Quality Assurance System		X
Training		X
Service Array		X
Agency Responsiveness to the Community		X
Foster and Adoptive Parent Licensing, Recruitment, and Retention		X

In determining its approach to the Program Improvement Plan (PIP), New Jersey evaluated its findings identified in the Statewide Assessment process; the information provided in the New Jersey Data Profile of 11-23-03; the information revealed in the exit conference of the on-site review; the information contained in the May 21, 2004 CFSR Final Report of Findings; and the findings and requirements expressed in the settlement agreement established by the state in response to the lawsuit filed by Children's Rights, Inc.

These documents identify common issues, and reveal many opportunities for New Jersey to improve its child welfare system. Given that the activities encompassed in New Jersey's Child Welfare Reform planning process represent a partnered approach to change that speaks directly to the ability of the child welfare system to achieve outcomes, it is considered a key factor in our PIP planning. Clearly, the PIP and the Plan must be aligned to reflect a unified approach to System Improvement.

New Jersey has committed to a broad base of systemic reforms as necessary to achieve effective change at the practice level. Indeed, we will see significant change at the structural, cultural, and practice levels. Accordingly, our vision of an effective PIP revolves around major organizational restructuring and the implementation of a select set of key strategies whose effects will permeate change through the CFSR Items. The elements of this vision are included as part of New Jersey's child welfare plan, "A New Beginning". We will supplement those strategies, where needed, with distinct action steps that we believe are necessary to promote timely change in the CFSR Items. By way of consolidation and clarification, the principles of our PIP along with those prerequisite structural changes and strategies, are described in this introduction.

The strategies contained in New Jersey's PIP reflect its commitment to the following guidance statements:

Vision: All children in New Jersey live in safe, nurturing and stable families with the support of their own responsive and engaged communities to help promote optimal physical and mental health, well-being and preparation to become responsible and productive adults.

Mission: The mission of the child welfare system in New Jersey is to promote the safety, permanency, and well-being of children by building partnerships with families and communities.

DYFS Core Beliefs:

- The safety of every child is paramount.
- Children and families are best served in a collaborative and strength-based system that invests resources to develop preventive and “front-end” services.
- Every child deserves to live in a permanent and nurturing family – preferably the family of origin.
- Families and communities need support to help every child reach his or her full potential as an adult.
- Families will be able to identify their own strengths and needs, and then access effective informal and formal supportive services in their own neighborhoods.
- Families will be respected as partners in decision-making.
- The child welfare system will be responsive, accountable, and focused upon continuous quality improvement.

Principles of the Settlement

- Children in out-of-home care should be protected from harm.
- Decisions about children in out-of-home placement should be made with meaningful participation of their families and of the youth themselves to the extent they are able to participate.
- In order to protect children and support families, New Jersey's child welfare system should operate in partnership with the neighborhoods and communities from which children enter care.
- New Jersey's child welfare system should be accountable to the public; to other stakeholders; and to communities throughout the State.
- Services to children in care and their families should be provided with respect for, and understanding of, their culture. No child or family should be denied a needed service or placement because of race, ethnicity, or special language needs.
- New Jersey's child welfare system should have the infrastructure, resources, and policies needed to serve the best interests of the children in its care.

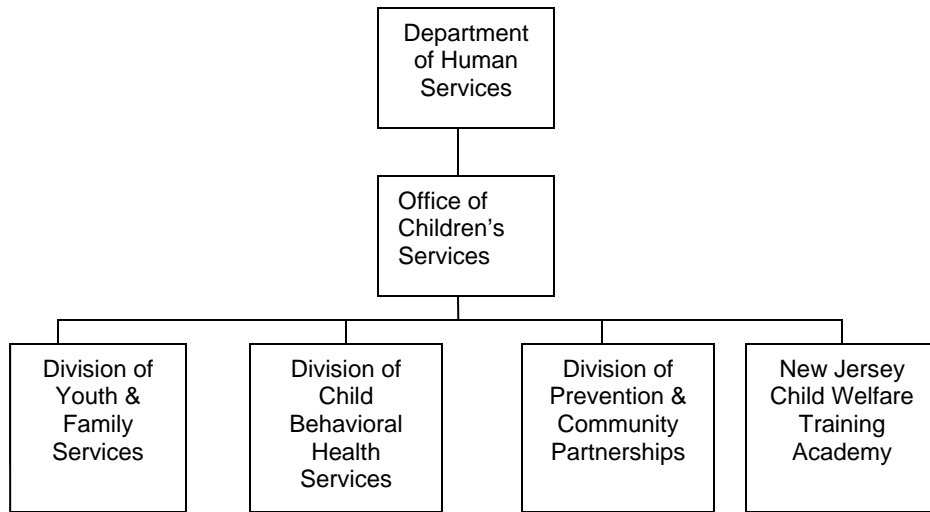
Child Welfare Reform Plan Commitments

- Children’s Safety, Permanency, and Well-Being
- Reinventing Case Practice
- Recruiting, Retaining, and Supporting Resource Families
- Partnership and Community Collaboration
- Supporting Children and Families with Necessary Resources
- Supporting the Workforce
- Creating a Culture of Accountability
- Providing the Necessary Resources

Structural Changes**Office of Children's Services and Its Three Divisions**

The Office of Children’s Services (OCS) will be led by a Deputy Commissioner who will report directly to the DHS Commissioner. The OCS will be organized as an “agency within an agency.” It will have its own infrastructural supports, including information technology, training, human resources, data analysis, continuous quality improvement, policy and legislative affairs, communications, budget, planning, facilities and contracting. In the realm of children’s services, the OCS will have decision-making authority.

This infrastructure will support three substantive areas of work, each under the direction of its own Assistant Commissioner: the Division of Youth and Family Services (DYFS), responsible for child abuse and neglect as well as permanency functions; the Division of Child Behavioral Health Services (heretofore known as the Partnership for Children), responsible for children’s mental health services; and the newly created Division of Prevention and Community Partnerships, responsible for developing the rich partnerships with communities statewide to serve both DYFS-involved families and families needing more primary prevention services. Another newly created Assistant Commissioner, the OCS Assistant Commissioner for Training, will lead the training effort across the Office of Children’s Services, including development of the New Jersey Child Welfare Training Academy.



Division of Youth and Family Services

Developing the continuum of services available through OCS to children and families at various levels of risk will allow DYFS to focus exclusively on what should always have been its primary functions: investigating allegations of child abuse and neglect, and providing to individuals and families at risk the necessary services to ensure children's safety, permanency and well-being.

To better connect with children, families, and the community, DYFS offices will be located where the clients live. We will have 15 OCS area offices, which will provide support to the local offices and house personnel and functions that are not necessary at the local level. Our overall goal is to reassign staff and relocate decision-making authority, for both the local and area levels, as close to the clients as possible. The first four area offices will open in January 2005, in the highest need counties, with the remainder following in two waves, five in July 2005 and six in January 2006. The jurisdiction of these offices will be based on New Jersey's 21 counties, with the division of the 21 counties among the 15 offices paralleling both the vicinage structure of the Administrative Office of the Courts and the county-based structure of the children's behavioral health system. Since DYFS works in close partnership with both of these entities, the parallel structure will allow for joint planning and programming. The area directors will be responsible, among other things, for interfacing on behalf of DYFS with the various existing planning bodies in the counties to ensure that child welfare services are coordinated most advantageously for clients.

Concurrent with the establishment of the area offices will be the creation or restructuring of "District Offices" at the local, neighborhood level that will provide the direct protection services. When the roll-out is complete, there will be 46 local offices.

Division of Child Behavioral Health Services

The Division of Child Behavioral Health Services (DCBHS), which began in three counties in 2001, was designed to make mental and behavioral health services available, along a single continuum, for children involved in the child welfare, mental health and juvenile justice systems. In November 2003, the traditional mental health services for children operated by the Division of Mental Health Services transitioned to DCBHS. Now, to bring the vision of a single children's mental and behavioral health system further into being, these services will come under one authority, and their allocation will prioritize children abused or neglected or involved in the juvenile justice system.

To accomplish this, the Division of Child Behavioral Health Services (DCBHS) was created and placed under the same authority as DYFS to ensure coordination and prioritization of the neediest children. DCBH brings together the traditional components of child mental health in New Jersey, with more recent community-based strategies, to form a single system of behavioral health care for children with emotional or behavioral health care needs and their families. This will reduce fragmentation and avoid the need for children to enter the DYFS system to receive these services.

Division of Prevention and Community Partnerships

The Division of Prevention and Community Partnerships (DPCP), created by the Child Welfare Reform Plan, will be responsible for forming and working with the child welfare planning councils in each county; for state-wide development of community partnerships; for developing community collaboratives; and for working with these entities to map the services being provided and assets in their areas. All of this will be done – as the DPCP name denotes – in close partnership with the communities, who will be approached as equal partners the government exists to support, not control.

<h3>Key Work Function Adjustments and Assignments</h3>

Within the OCS, some key work functions and reporting lines and adjustments are:

- 1. Separation of Child Protective Services and permanency functions** – DYFS will separate its child protective service functions from its permanency functions. Workers of both types will be present in each local office, but will have distinctly different roles. Caseload standards are described later in this Introduction.
- 2. New Jersey Child Welfare Training Academy** – The Academy will be housed in, and report to, the OCS. While curricula and training authority will reside with this centralized training authority, responsibility to conduct the various trainings, e.g. pre-service, in-house, etc., will be deployed throughout the OCS and its partner educational organizations as the Academy development moves forward.
- 3. Institutional Abuse Investigations Unit (IAIU) will be moved to OCS** – The IAIU is charged with conducting investigations of suspected abuse/neglect that are reported to have occurred in placement settings, or other out-of-home institutional settings, such as schools,

day-care centers, etc. The IAIU has been under the DHS Office of Program Integrity and Accountability, which also has responsibility to license residential and day care settings investigated by IAIU. The IAIU will be moved out of OPIA and under OCS to foster communication and promote safety of children in out-of-home placements.

4. **State Central Registry** – DYFS has initiated a single entry point for receipt of reports of abuse/neglect. This center effectively consolidates reporting, and systematizes decision-making regarding the identification of those reports that require investigation. As a result, the number of investigations is expected to be reduced while the number of individuals being appropriately, and timely, referred for alternative services is expected to increase.
5. **Integration functions and specialist roles** – DYFS is migrating from a “specialist case worker” orientation to a model in which one primary, generalist permanency worker is responsible for the case and is supported as needed by subject matter specialists.

Keeping the case with a single worker guards against information transfer loss; focuses accountability for case management on a single individual, supported by a team; and underlines the importance we place on our relationship with the families and children we serve. We will monitor this change closely to ensure service delivery on the specialist focused areas.

We will move Adoption Resource Center expertise into the local offices, by assigning adoption specialists whenever a child receives the goal of adoption, with case management responsibility remaining with the permanency worker. This will take careful implementation, and we will work with the statewide Adoption Services Advisory Committee and other adoption advocate partners to accomplish the transformation of our Adoption Resource Centers.

As the various changes roll-out, we will be introducing adolescent specialists to assist permanency workers in meeting the varied needs of youth 13 years of age and older who are in placement.

We will employ a new group of workers statewide, resource family support workers. Resource Family Support Workers (RFSWs) will be located in the local offices. They will carry caseloads of resource families, not children. Each RFSW will provide ongoing support to up to 35 resource families from the same geographic area. The RFSW will work in partnership with the caseworkers and supervisors responsible for the same area. Just as children with open DYFS cases have assigned workers responsible for their needs, so will resource families have the continuing support necessary to ensure their success.

<h2 style="text-align: center;">Key Strategies</h2>

1. Achieving Caseload Standards and Improved Supervision

Reforming case practice depends on caseload reduction. We will revamp our caseloads to reflect best practice models. Permanency workers will carry blended caseloads of both in-home and foster care cases. Child protection workers will carry only investigation caseloads. Similarly, supervisors must have manageable workloads that permit the type of supportive supervision that facilitates good case practice. Accordingly, their workloads will be adjusted to reflect this need. All caseload standards are contained on pages 13-14 of this introduction.

Importantly, supervision is a key link between worker learning and the achievement of consistent good practice. As such, we will revise hiring procedures and requirements for the supervisors of caseload carrying staff to include a goal for supervisors to have an MSW or another related advance degree. Another important step in improving supervision is workload reduction for supervisors to permit them adequate time to provide supportive supervision for workers. We will reduce the workload for supervisors to a level, for immediate frontline supervisors, of one supervisor for every five workers plus one case aide. Casework supervisors will supervise three frontline supervisors. It is also important that we enhance supervisors' capacity to effectively develop employees, and that we equip them with tools that will support this work.

To that end, we are developing a curriculum for new supervisors, to incorporate a shift from primarily a monitoring function to reflect principles and skills development in coaching, mentoring, and behavior modeling. Supervisors will be responsible to help their supervisees identify and fill gaps in their knowledge, while also documenting performance deficiencies as needed. Core training competencies that have been identified for supervisors include: transfer of learning; the supervisor's role in developing staff; supervising case plan development and implementation; supervising in-home family services; culture and diversity; planning and decision making; management of conflict; team development and facilitation; and improving practice by utilizing data and management information systems.

Through improvements in our data collection and analysis systems, supervisors will have improved (and increased) operational data, such as that available through Safe Measures and from web-based systems currently in place that permit viewing of case information, to use in their daily management of work tasks and in their development of employee skills.

Additionally, supervisors will be expected to accompany staff in the field monthly to better assess skills and respond with coaching, modeling, mentoring, or monitoring as appropriate. This first hand appraisal of worker activity will support the practice of case conferencing with more immediate feedback.

2. Structured Decision Making

The Division of Youth and Family Services has developed a Structured Decision Making program (SDM), a set of eight web-based tools to improve the quality and consistency of case practice with children and families, both in-home and out-of-home, from initial screening throughout the life of a case. The modules are: Response Priority; Safety Assessment; Family

Risk Assessment; Minimum Visitation Requirements; Caregiver Strengths and Needs Assessment; Child Strengths and Needs Assessment; Family Risk Reassessment for In-Home Cases; and Family Reunification Assessment.

3. One Family, One Worker Model

Establishing a One Family, One Worker case practice model, after investigation, fosters trust and engagement between the family and the worker. It also enhances continuity of planning and service delivery. This principle holds true for all cases – cases involving services where children and families remain together and cases involving placement.

Where there is worker continuity, families referred for services are more likely to receive and complete those services – and have their cases closed successfully. Even when the child is in placement, research shows that permanency is achieved more quickly and is more likely to result in reunification where there is worker continuity. One Family, One Worker is also good practice for staff – it improves staff attachment and morale and it increases accountability because it makes that staff member the single case manager and facilitator for that child and family.

New Jersey commits to implementing a One Family, One Worker policy and practice. We will implement this policy in the majority of our cases in conjunction with our separation of the investigative and permanency functions, the transition of Adoption Resources Centers, and the assignment of geographic caseloads as we phase in the new organizational structure.

4. Family Team Meetings

The Family Team Meeting (FTM) is designed to effectively engage the family and the family's relatives, friends, neighbors and others in the process of addressing the issues which brought the family into the DYFS system. Through this process, solutions can be constructed jointly in order to achieve successful closure of a case. As we phase-in the Family Team Meeting process, we will initially use facilitators with in-depth FTM training to facilitate the meetings. At a subsequent time in the future, the model may change to include caseworkers facilitating for their cases.

These meetings bring together the wisdom, resources, and expertise of family, friends, informal supports (neighbors, clergy, etc.) and formal supports (counselors, health professionals, etc.) to:

- Focus on solutions to meet the family's needs and to ensure the child's safety
- Learn what the family hopes to accomplish
- Set reasonable and meaningful goals
- Recognize and affirm the family's strengths
- Assess the family's needs
- Design individualized support systems and services that match the family's needs and build on its strengths
- Achieve clarity about who is responsible for agreed-upon tasks
- Agree on the next steps

We will utilize Family Team Meetings for both in-home and placement cases. We will see them initially used in placement cases and eventually move to all cases. In a fully mature system, convening a family team meeting will be the first thing a permanency worker does upon being assigned to a case – and it will be the vehicle to develop the plan and make every decision throughout the life of the case. Family Team Meetings will be held at the start of a case to develop a case plan, and where there is a possibility of placement, to design either a plan to keep the child safely at home or a plan for an alternative placement. The tools of SDM are integrated into this planning process. Family Team Meetings shall also be held whenever a family member requests one.

We will use Family Team Meetings to evaluate progress on case plans and to suggest any changes or adjustments. These meetings must also be used to make all permanency decisions, including return home, guardianship, independent living, termination of parental rights, and adoption.

We want Family Team Meetings to be inclusive of a wide range of family, including paternal relatives, and friends, neighbors, ministers – any and all who can provide support and help to that family in need. We want to emphasize, in particular, our need to engage fathers and fathers' families from the very beginning. Incorporating paternal family members not only increases the wisdom and resources around the table – it increases the options for temporary placement and it is a necessary pre-requisite to accomplish concurrent planning.

5. Individualized, coordinated case planning

Writing the case plan is not the hard part of our work – formulating the case plan is. In our new model, that hard work will take place in family team meetings described in the previous section. We want to capture this effort in a version of a case plan that is revised in both format and substance.

In our new model, we want our families and children to have primary input into the plan. We want to capture this planning in a form and language that is easily understandable to the lay reader, including the child and family who are the subject of the plan. We believe we can write plans that meet all federal, state, and other legal mandates – yet are clear and understandable to all readers.

The case plan shall include a process (which can be the Family Team Meeting) by which the family, children, friends, formal and informal supports and the caseworker will:

- analyze a family and child's needs and strengths
- identify existing risks and safety concerns
- develop the strategy to address those concerns
- identify the services that the family members, including the child need, specifying those the agency will deliver, either directly or by referral
- set the goals and timeframes for successful completion and closing of the DYFS case.

Written case plans can be extremely useful documents. Writing down a case plan provides:

- family, friends, caseworkers – and anyone else who was involved in the family team meeting or who will be providing services – with a written summary of the meeting, allowing each to check to make sure there is an accurate statement of the issues that need to be addressed and the proposed solutions
- a record to help all of the participants remember what each person promised to deliver, and do
- a yardstick to mark progress – or lack of progress through the life of a case
- a useful monitoring and accountability tool for family, staff, supervisors, managers and others, including the courts.

In our model, the end result will provide families with a single comprehensive service plan that is individualized. That plan will be based on a family's strengths and will respond to individual family needs rather than just offering services that are available. An individualized service plan is yet another tool to make it clear that we are committed to being family-focused in our agency. It manifests our belief that engaging families throughout the process will produce better outcomes for the children in our care.

6. Increase capacity and availability of services

We will devote additional resources to a range of preventive services, and will build the infrastructure for their provision throughout the state through community collaboratives, with a particular focus on the neediest neighborhoods. We will also organize existing spending, working with local planning bodies to direct funding to the most pressing needs.

Experience and research tell us that the five main causes of family disruption and disintegration are substance abuse, mental health, domestic violence, lack of housing and poor physical health. So this plan places these core issues at the center of the system's preventive service model, and calls for:

- Approximately \$10 million per year for a range of substance abuse services for parents with children at risk
- Additional short-term residential treatment beds and intensive outpatient treatment slots around the state for substance-abusing adolescents
- Expansion of the "Peace: A Learned Solution (PALS)" project, a program for children impacted by domestic violence.
- Homeless Prevention funds and federal tenant based rental assistance funds to will provide housing assistance to women transitioning from domestic violence shelters to safer and more stable living arrangements, long-term and short-term.
- Additional funding to expand housing support through a variety of means – including a Section 8 voucher bridge fund, expansion of Emergency Assistance housing grants, and funding to rehabilitate homes of birth or resource families
- Significant expansion of a range of child behavioral health services including Mobile Response, Youth Case Management, Treatment Homes, Behavioral Assistance and Intensive In-Community supports

We will balance the allocation of services between children with open DYFS cases (now almost 65,000, up 38% in the past year) and those at risk of DYFS involvement. Our goal is that all children and families needing services receive them (with the priority always being abused or neglected children and children at significant risk of abuse or neglect), regardless of the door through which they enter the service system: DYFS, the police, the courts, a community-based agency, self-referral, or another.

A child welfare planning council will be created in each county to plan and develop an integrated continuum of necessary services, including both existing and new ones. When these plans are complete and the planning groups strong, these areas will receive resources to purchase new preventive services.

When sufficiently developed, each neighborhood-based community collaborative also will have access to resources for preventive services its steering committee deems most necessary.

7. Flexible Funding

In addition to expanding the range and type of offerings in our service array, effective child welfare work also requires that front line workers have access to flexible funding to meet the unique needs of children, birth families and resource families. Such funding can be used, within appropriate guidelines, for whatever a family needs to meet its immediate needs, from transportation for visitation to a new refrigerator to an essential plumbing repair. We will develop and implement policy and procedures for staff to access flexible funding.

8. Deployment of Resource Family Support Unit

We will employ a new group of workers statewide, resource family support workers (RFSWs), who will work out of the local offices and will be responsible for recruitment, training, home studies, and ongoing support for up to 35 resource families from the same geographic area. Each RFSW will be responsible for working with resource families in a particular geographic area, and will be tasked to work in partnership with the caseworkers and supervisors responsible for the same area. Just as children with open DYFS cases have assigned workers responsible for their needs, so our resource families should and will have the continuing support necessary to ensure their success.

9. Concurrent planning

Concurrent planning is a tool which focuses our case practice on achieving permanency for children in out-of-home care by requiring reunification efforts and alternative permanency planning simultaneously. The primary goal may be reunification, but a backup plan is developed in the event permanency with the birth family cannot be achieved within the legally prescribed timeframes. Although the preferred goal for most children who go into out-of-home placements is reunification, planning for alternative permanency arrangements must begin immediately when placement occurs. Waiting to begin alternative permanency planning until it becomes clear that reunification will not be possible greatly delays achieving a long term living arrangement for a child.

10. Establish New Jersey Child Welfare Training Academy

We will establish the New Jersey Child Welfare Training Academy to retrain current staff, and transform our pre-service and in-service training for our workforce and our partners. The New Jersey Child Welfare Training Academy (NJCWTA) will be a new internal training academy under the OCS Assistant Commissioner for Training. Drawing upon the expertise of DHS, DYFS, training experts, child welfare leaders, and social work programs at universities and colleges in the state, we will develop a range of new culturally competent curricula for various positions, informed by both clear delineations of the skills required for each position and a skills assessment program to determine our workforce's current abilities.

In developing the NJCWTA, we will seek supportive working partnerships with leading academic institutions in the state. The Office of Children's Services will retain the lead role in the development process, to ensure that the academy's priorities will be directly responsive to OCS's training needs.

In addition to helping to train our staff, NJCWTA may assist with training resource families and staff at contract agencies that provide services to our children and families. The NJCWTA will also help develop tools to inform other important parties – judges, law enforcement, doctors and nurses, law guardians, local government officials, staff at private service delivery organizations, community-based and religious organizations, our union partners, and others – of our new approach and how they can contribute to its success.

11. Local Community Focus through Phase-in schedule

Our community focus supports an enhanced level of service provision for the families we serve. When we operate with a geographic focus, we can help our families identify services which are convenient to their home, and which operate in a manner and at times which make them user-friendly. At the same time, our partnership with and knowledge of local resources will help us to develop a response service array.

Our community focus will also aid our commitment to caseworkers regularly visiting our families and children. Geographically assigned caseloads will make it much easier for staff to see their clients regularly. It also supports our commitment to improved visitation for cases involving out of home placement. Research shows that visitation is the number one predictor of successful reunification.

Key Caseload Standards

Caseload size was determined in the CFSR to be a key contributing factor across several Items determined to require improvement. The child welfare reform plan commits additional worker resources to eventually achieve:

- **Supervisors:** 1 per 5 workers (either Permanency or Child Protection) plus 1 case aide for 80% of supervisors by 3/31/05
- **Adolescent Specialists:** 1 per 30 Adolescents
- **Resource Family Specialists:** 1 per 35 Resource Families for 80% of RFSW by 12/31/06
- **Adoption Specialists:** 1 per 30 children in need of adoption
- **Child Protection Workers:**

Schedule	Target Measure
March 2005	Phase 1 Offices 95% of child protection workers will have no more than 12 new cases per month and no more than 18 open cases.
July 2005	Phase 2 Offices 95% of child protection workers will have no more than 12 new cases per month and no more than 18 open cases.
January 2006	Phase 3 Offices 95% of child protection workers will have no more than 12 new cases per month and no more than 18 open cases.

Figure 1

Phase-in Areas by County and Permanency Worker Caseload

Phase I Areas: Essex, Camden, Mercer, and Passaic

Phase II Areas: Cumberland, Gloucester, Hudson, Middlesex, Monmouth, Ocean, and Salem

Phase III Areas: Atlantic, Bergen, Burlington, Cape May, Hunterdon, Morris, Somerset, Sussex, Union, and Warren

Date	Phase I areas	Phase II areas	Phase III areas
March 31, 2005 * Q2	90% of workers have 20 or fewer cases NOTE**the principles of the agreement w/CWA indicate that case practice changes will be implemented when 80% of the workers have caseloads of 17 or fewer families) **ASQ2-1	Average caseload no greater than 19 AND 80% of workers have 30 or fewer cases ASQ2-2	Average caseload no greater than 22 AND 80% of workers have 30 or fewer cases ASQ2-3
June 30, 2005 Q3	Meet and maintain standard that: 90% of workers will have 15 or fewer cases ASQ3-1	90% of workers have 17 or fewer cases ASQ3-2	Average caseload no greater than 15 AND 80% of workers have 25 or fewer cases ASQ3-3
September 30, 2005 Q4	ASQ4-1	Meet and maintain standard that: 90% of workers will have 15 or fewer cases ASQ4-2	90% of workers have 20 or fewer cases ASQ4-3
December 31, 2005 Q5	ASQ5-1	ASQ5-2	90% of workers have 17 or fewer cases ASQ5-3
March 31, 2006 O6	ASO6-1	ASO6-2	Meet and maintain standard that: 90% of workers will have 15 or fewer cases ASO6-3

Figure 2 *Q = PIP reporting Quarter **ASQ2-1 = e.g. Action Step Quarter 2, phase 1

Phase-in Areas

Former Regions (n=4)	Former Adoption Resource Centers (n=6)		Counties (n=21)	Former District Offices (n=32)	NEW - Areas (n=15)
Northern	Northern		Bergen	Bergen	1 Bergen
			Hudson	Bayonne	2 Bayonne
				Jersey City	2 Jersey City
				North Hudson	2 North Hudson
			Passaic	Central Passaic	3 Central Passaic
				Northern Passaic	3 Northern Passaic
			Morris	Morris	4 Morris
Central	Central		Sussex	Sussex	4 Sussex
			Warren	Warren	5 Warren
			Hunterdon	Hunterdon	5 Hunterdon
			Somerset	Somerset	5 Somerset
			Mercer	Mercer	6 Mercer
			Monmouth	Southern Monmouth	7 Southern Monmouth
				Northern Monmouth	7 Northern Monmouth
Southern	Southern		Ocean	Ocean	8 Ocean
			Atlantic	Atlantic	9 Atlantic
			Cape May	Cape May	9 Cape May
			Burlington	Burlington	10 Burlington
			Camden	Camden North Camden Central	11 Camden North Camden Central
			Cumberland	Cumberland	12 Cumberland
			Gloucester	Gloucester	12 Gloucester
Metropolitan	Metro-Select Metro-Edison	Essex	Essex	Newark I	13 Newark I
				Newark II	13 Newark II
				Newark III	13 Newark III
				East Orange	13 East Orange
				Bloomfield	13 Bloomfield
			Middlesex	Edison	14 Edison
				Perth Amboy	14 Perth Amboy
			Union	Elizabeth	15 Elizabeth
				Plainfield	15 Plainfield

Figure 3